DISEASES OF THE SKIN.

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Seven Cases of Palmar Syphilis.—When affecting the palms of the hands and the soles of the feet alone, syphilis is so commonly mistaken for other diseases that a brief mention of seven cases which have been under treatment during the past year may not be without interest and profit. It is well known that palmar eczema and psoriasis may simulate the eruption caused by syphilis so perfectly that it is often a matter of great difficulty to make the diagnosis from the appearance of the eruption alone. Several of the cases here reported had long passed unrecognized, one of them having been twice in a hospital, for periods of three and six months respectively, without the true nature of the affection having been recognized, the treatment being purely local, and no investigation of the constitutional nature of the disease being made; and, moreover, the effects of all previous treatment had been but moderate and transitory.

The lesions of syphilis may appear upon the palms and soles either early after infection, or as one of the very late manifestations of the poison (I have observed it there as late as twenty years, as far as could be made out, after the disease had been acquired), and the cases present somewhat different appearances, according as the eruption is one of the early or late symptoms of the disease. In the earlier cases the lesions are apt to be multiple, as all the earlier manifestations of syphilis, whereas eruptions on the palm or sole late in the history

of syphilis partake more of the nature of the later lesions, and are more commonly single. These seven cases may be thus divided, and I will mention first the three in whom the palmar and plantar exhibitions of syphilis occurred early in the disease.

Case I.—Joseph Kelly, aged thirty-three, came to Demilt, February 27, 1877, saying that he had had a chancre on the penis four months previously, which was followed, at the expiration of about a month, by a general, scattered, papular eruption. Examination revealed the remains of a chancre at the end of the meatus; there was somewhat of a depression and some hardening still remaining, with moderate inguinal adenopathy.

The centres of both palms were the seats of a distinctly tubercular and squamous eruption, with well-defined margins passing abruptly from diseased to healthy tissue; the patches were about an inch and a half in diameter, and nearly circular. On the feet there was a similar eruption of flattened, scaly tubercles, disposed in a more or less circular form, about in the centre of each sole. The color of the eruption was of a dark red where the outer layers of epidermis were gone, but, where this still was intact, they had a dirty-yellow look, with punched-out edges. There had never been any moisture, and little if any itching. There was still some of the general eruption to be seen on the legs, and some superficial redness of the fauces existed.

He was put under the use of mercurial inunctions into the sides and thighs, with no local treatment, and on March 1st it was noted that there had been very great improvement in the eruption everywhere. He continued to improve, but after some weeks became careless, and returned on April 14th, after an absence of three weeks, with the eruption worse. On May 5th a sclero-choroiditis was discovered.

He continued under treatment for some weeks longer, and the eruption nearly disappeared, when he again failed to attend, and has not been seen since.

Case II.—A woman, J. H., aged forty-three, acknowledges to having had sores on the vulva in March, 1875, which were soon followed by a general eruption, the palms being affected at the same, or about the same, time. She has been in attendance at the Dispensary nearly a year; she has a family, and as soon as the hands improve to a certain point she always

neglects treatment, and returns when they give her annoyance.

In her case the eruption occupied the palms of both hands, being made up of isolated tubercles, somewhat elevated, fissured here and there with a small amount of scaling. The edges of the eruption, which were made up of separate papulotubercles, in some places touching each other, were sharply defined, as if punched out, and, on raising the epidermis, which was loosened from the inner border, it was seen to run externally down into healthy tissue beyond the eruption.

She was given a mixed treatment of bichloride of mercury and iodide of potash, with no local measures, and the improvement was very prompt and decided, but, like so many of these patients, attendance became irregular as the disease gave less trouble, and at the last note, May 24th, there were still some traces of the lesion, in the way of a few small fissures where former tubercles had been.

This woman has five healthy children, born before the occurrence of the chancre.

Case III.—This patient gives no history of infection, but the appearance of the eruption on the palms is that of a more recent syphiloderm, and the following history of her pregnancies confirms this. She has been married twice and had twelve children by her first husband, and none by the second; all the children came to full term except one which miscarried at three months, the cause of which she attributes to fright. All the children are healthy but one, who is under treatment for eczema of the leg.

Her name is Sarah McK., aged fifty-one years. When first seen both palms were the seat of eruptions corresponding mainly in appearance to those described in the two preceding cases. On the right palm there was a clearly-defined, irregular patch about one by one and a half inch in diameter, seated at the roots of the two middle fingers. On the palmar surface of the left hand there were three distinct patches at the roots of the last three fingers. She was given inunctions of mercurial ointment into the sides and thighs, and improvement resulted, but she also was careless, and the case was not followed to the end.

The following cases are instances of the eruption of syphilis occurring on the palm and sole later in the disease.

Case IV.—Ann McC., aged twenty-nine years, has every appearance of health, with the exception of the single lesion on the right palm, which, when she first came for treatment (October, 1876), almost incapacitated her for work; the disease occupied the larger portion of the internal surface of the hand, including the fingers and thumb. Most of this surface was bereft of epidermis, was of a deep, purplish red, the larger part of it smooth and shiny, with here and there separate or grouped tubercles, on which the new epidermis was beginning again to harden and peel; where these tubercles existed at or near flexures, there were cracks, which were very painful. The margins of the eruption were very clearly defined, punched out in appearance, with the edges of the epidermis everted, and when this was pulled on toward the healthy tissue it could not be separated without giving pain. On close examination the greater part of the margin could be recognized as composed of separate tubercles arranged side by side, in some instances running into each other, at others quite isolated.

Her history was perfectly conclusive of the nature of the disease: her first husband confessed to having syphilis, and ten years ago she became infected and had the usual phenomena, obstinate sore-throat, loss of hair, occipital headache in the afternoon, and three miscarriages at two, three, and five months respectively, followed by a dead child at full term, and two other children which lived but a few weeks, and had eruptions which, from the description, were syphilitic. The syphilitic lesion on the palm did not appear until three years before her visit to me, or *seven years* after she acquired the disease.

She was placed upon a mixed anti-syphilitic treatment, and made very great improvement without any local measures; subsequently, however, these were added to expedite the cure and to counteract the effect of her occupation. She also was rather fitful in attendance as the hand approached a cure; and at the last note, June 14th, there were still some remains of isolated tubercles, although the hand has long ceased to give her any great annoyance. She was obliged to do household work and washing most of the time while under treatment, which delayed the recovery greatly. I may mention, in this connection, that another patient treated some time ago, who was a silver-plater, and obliged to keep the hands in acid much

of the time, recovered completely and remained well of a palmar syphiloderm, he taking only the mixed treatment internally, with no local measures whatever.

Case V.—Mary D., aged sixty, a widow woman, has always enjoyed good health until a year ago, when, as she states, after smoking the pipe of a boarder, she acquired a general papular eruption, which was preceded by a sore-throat, and followed by sore eyes and falling of the hair. When first seen, June 9, 1877, the eruption was confined chiefly to the left hand, the right being entirely free. The lesion occupied an elliptical surface, extending from a little below the wrist, over the ball of the thumb, around to the roots of the fingers and along the ulnar border of the hand, joining the starting-point just above the wrist; the centre of the palm appeared free. The eruption was made up of tubercles, slightly raised above the level of the skin, which in some places touched and coalesced; there was considerable loss of the epidermal layer on the affected portions, with sharply-cut edges.

On the radial side of the left arm near the elbow, also on the right forearm, and on the back of the left hand, were the remains of a papulo-tubercular eruption, of dark-red color, and on the anterior surface of the right leg were brownish stains of a similar lesion. She was placed upon a mixed treatment with immediate improvement to the eruption, no local measures being employed.

Case VI.—James McK., aged fifty years, gives no history of contagion, the first lesion of syphilis which he acknowledges to being the present eruption, which he says came first a year and a half ago; the palmar lesion appeared to be but a portion of the papulo-tubercular eruption existing elsewhere. On the upper surface of the right foot, extending around on to the tendo Achillis, also on both legs, and to moderate extent on the arms, there was an eruption disposed to a great extent in the form of circles and gyrations, composed of flat papulo-tubercles, in many instances touching each other, in others isolated, of a deep, coppery-red color, and with but moderate scaling. On the right palm was an eruption composed of the same elements, and exhibiting characteristics corresponding to those previously detailed, which need not be repeated, as the lesion presented nothing unusual. He was seen but once.

Case VII.—James Higgins, aged forty-two, a laborer, ap-

peared at the Dispensary first on January 27, 1877, for the treatment of an affection of the sole of the foot, which had lasted a year and a half. He is a man of more than ordinary intelligence for his class and occupation, and denied having had syphilis, and was much surprised when the disease was confidently ascribed to this cause; he gave no history of syphilis as far as could be made out.

On the middle of the sole of the right foot there existed an irregularly-shaped patch, with circular edges, of diseased tissue, from which most of the normal epidermal covering was gone. On close examination it was seen to be composed mainly of separate elements, irregularly placed, which presented themselves as papular or small tubercular prominences, with a dirty-grayish epidermal covering. The margins of the patch were very clearly defined and sharply cut, the epidermis standing up at the edge, and when pulled on the layer was found to reach down into healthy tissue peripherally.

For the purpose of clinical study, the case being carefully watched by a number of medical gentlemen attending the clinic, he was given only mercurial ointment, for inunction into the sides and thighs, with no local application whatever. The patch fairly melted away under the anti-syphilitic treatment; in one week, on February 3d, it was recorded that there was great improvement; on March 3d it was noted that the eruption was nearly gone; and on March 13th, or six weeks from the first visit, the record reads that there was only staining left; the patch had existed one and a half year previously.

Remarks.—There are many points of interest in these cases which can hardly be touched upon in the present limits. The eruptions all presented much the same character, except that, in the cases in which the lesion occurred earlier in the disease, there was generally a multiplicity of affected points, while after the lapse of a few years the poison showed itself, as is so commonly the case, at single portions at a time.

The eruptions all possessed points which should, to one familiar with the subject, distinguish them very clearly, and certainly from eczema and psoriasis, the only two affections with which they could possibly be confounded. The history of the case is, of course, often of great service, but not infre-

quently, as in Case VII. especially (and often it has occurred in private practice), no sufficient confirmation is obtained from this source, and we must depend solely on the clinical features.

From *eczema*, then, the eruption would be differentiated by the absence of all thickening and itching, also of moisture, which, although uncommon in eczema of the palm, does sometimes occur. Moreover, somewhere around a patch of eczema of the palm, you will find papules, or deep vesicles, or the remains of them, whereas here, whenever the elementary lesion was discoverable, it was a larger papulo-tubercle, of a dark-red color. The margins of eczematous patches are never so clearly and sharply cut as in the syphiloderm, it being a clinical feature of all eczemas that the border between healthy and diseased tissue is never accurately determinable. The surface of the eruption differs materially from that exhibited in eczema; in the latter there are far more apt to be painful fissures of some size, with thickened edges; here they are rare; in eczema the epidermal layers are more adherent than here, where they fall very shortly after they have been undermined by the syphilitic new deposit. The syphilitic lesion is very apt to heal in the centre, while the reddened, slightly-raised border, with its sharp-cut, outer epidermal edge, advances peripherally; in eczema the borders generally get well first.

From true *psoriasis palmaris* this lesion has points of difference, which, although less definite than those separating the scaly syphiloderm and eczema, are nevertheless worthy of bearing in mind, and of clinical value. It will be noticed that I apply the term scaly syphiloderm to the syphilitic lesion under consideration, speaking of psoriasis palmaris as a distinct and separate disease. This position is a very important one for all to take who seek accuracy in medicine, namely, not to use the name of one disease adjectively to qualify another with which it has no possible relations; it is a great nosological error in medicine to speak of syphilitic lupus, acne, eczema, psoriasis, etc., simply because the particular lesion of syphilis is supposed to resemble these diseases.

Psoriasis palmaris then, first, is a very rare disease; but very few cases have ever presented themselves to my observation; some authors claim that it never occurs separated from psoriasis of the rest of the body: if this latter is true, which I am almost inclined to believe, we have at once a very valu-

able diagnostic mark. Moreover, when psoriasis appears on the palms and soles it assumes more the appearances presented on the rest of the body, modified, of course, by the very thick, dense, and tough epidermal covering peculiar to the situations. It generally shows several moderately small circular patches, which increase in size by extending each one peripherally, and not by the accession of new separate tubercles added externally, as in the lesion of syphilis. The epidermis over true psoriatic patches in these situations generally adheres pretty firmly, and when removed the base is not elevated as in the syphiloderm, but there is rather a depression —that is, the condition is dependent directly upon the pathological condition causing it; in syphilis the new formation leads to the death of the superjacent epidermis, while in psoriasis there is no new formation, but simply the enlarged and lengthened papillæ and the vascular dilatation, and the epidermis appears simply to be imperfectly formed, and consequently to be shed. The lesions in psoriasis palmaris are multiple as a rule, that is, several small patches on each hand; whereas syphilis in its later stages almost always affects but one spot, and when in its earlier periods both palms or soles are affected the lesion is generally larger and not multiple. Palmar psoriasis not infrequently itches.

In regard to the treatment of these cases, local measures undoubtedly do considerable good in certain of them, and in Case IV. materially assisted the cure. These patients were, however, generally given constitutional remedies alone, that those attending the clinic might observe the results, and also because it was believed to be most advantageous to the patient to attack the disease proper, especially because, as soon as local benefit was obtained, they were always ready to neglect the internal measures. In Case VII., where the single lesion on one sole disappeared very rapidly and perfectly under mercurial inunctions to the side alone, is shown the complete control which mercury has over the disease. Where the eruption existed on the palm, and mercurial frictions were made by the patients themselves, we have, of course, the combined effect of the local and constitutional effect of the mercury. The oleate of mercury, well rubbed into the palms, is an efficient remedy which I have used, but not in any of the cases here recorded.